

Application for Access to Archival Records

Application Form No.:

Page _____ of _____

Name	Date of birth	ID number	Address, phone number & email
Applicant:			Address: Phone: e-mail:
Representative: ※Relationship with the applicant			Address: Phone: e-mail:
※Name of corporation, organization, firm, or business establishment: _____ Address: _____ (Fill in information on the administrator or representative in the preceding field.)			
Applicant's occupation: <input type="checkbox"/> Military <input type="checkbox"/> Government employee <input type="checkbox"/> School faculty or staff <input type="checkbox"/> Commerce <input type="checkbox"/> Self-employed <input type="checkbox"/> Service industry <input type="checkbox"/> Organization / Institution <input type="checkbox"/> Student <input type="checkbox"/> Other: _____			

No	Please check the Navigating Electronic Agencies' Records website (https:// near.archives.gov.tw) before filling out.		Items applied for (More than one selection may be made)			
	File number	Description or subject of content	Viewing & hand-copying	Duplicating		Electronic file
				Black & white	Color	
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>※Records from the Shilin Land Office shall principally be provided in the form of photocopies. If there is necessity for the originals of No._____, please write down the reason:_____.</p>						
<p>Purpose of application: <input type="checkbox"/>Historical Research <input type="checkbox"/>Academic research <input type="checkbox"/>Search for evidence <input type="checkbox"/>Reference for business purposes <input type="checkbox"/>Safeguard the rights of a person, etc.</p> <p><input type="checkbox"/>Other (please explain in detail):_____</p>						
<p>Other notes:</p>						
<p>Submitted to the Shilin Land Office</p> <p>Applicant's signature:_____※Representative's signature: _____ Date:_____</p>						

Please read the instructions on the back.

Instructions for Filling out the Application Form

I. Fill out the sections marked with “※” if necessary. Complete all other sections.

II. For “ID Number” please fill out ID card or passport number, with copy of valid ID.

III. An appointed representative should submit a letter of appointment; a statutory representative should submit copies of supporting documents. Where an application involves access to personal information, proof of relationship must be furnished.

IV. Foreign nationals may apply for access to archival records of the Republic of China in accordance with our Freedom of Government Information Law (Article 9), provided that the laws of their countries do not prohibit the nationals of the Republic of China from requesting government information of such country. An application by a foreign national must be accompanied by a photocopy of the applicant's alien resident certificate or passport.

V. Viewing, copying or duplicating of archival records shall be conducted at the place and time designated by the Shinlin Land Office. Please do not destroy or alter the content of the records.

VI. The standard fees for duplication of archival records are as follows:

1. Black and white duplicates (paper) via copier or electronic file printout: Size B4 and under – NT\$2 each; A3 – NT\$3 each.

Colored duplicates: 5 times the price of black and white duplicates.

2. Electronic files (offline delivery of files via electronic storage medium): The fee is based on the size of the file, converted to an A4 page equivalent, charged at NT\$2 per page. (Where delivery is made offline, a separate fee is charged to cover the cost of the electronic storage medium.)

3. Mail delivery service: The applicant is required to pay for postage, and an additional NT\$50 in service fee will be collected for each application.

4. Other charges for duplication of archival records will be determined in accordance with the Fee Standards for Viewing, Hand-copying or Duplication of Archives.

I. Where the use of archival records results in infringement of others' privacy, copyright and other rights, liability for the

infringement shall be borne by the applicant.

II. Completed application forms may be submitted to the Shilin Land Office by the ways as follows:

1. Address: 7F. No.439, Zhongzheng Rd., Shilin Dist., Taipei City 111, Taiwan (R.O.C.)
2. Phone: (02) 28812483.
3. Fax: (02)28814239.
4. E-mail: web16040@mail.taipei.gov.tw
5. Website: <https://www.slla.gov.taipei/>

Application for Access to Archival Records

Application Form No.:

Page _____ of _____

	Name	Date of birth	ID number	Address, phone number & email
Applicant:	LU DU DU	76.04.04	E123456789	Address: No.55, Zhongzheng Rd., Shinlin Dist., Taipei City 111, Taiwan Phone: 0912345678 e-mail: Lududu@gmail.com
Representative: ※Relationship with the applicant				Address: Phone: e-mail:

※Name of corporation, organization, firm, or business establishment:

Address:

(Fill in information on the administrator or representative in the preceding field.)

Applicant's occupation:

Military Government employee School faculty or staff Commerce Self-employed

Service industry Organization / Institution Student Other:_____

No	Please check the Navigating Electronic Agencies' Records website (https://near.archives.gov.tw) before filling out.		Items applied for (More than one selection may be made)			
	File number	Description or subject of content	Viewing & hand-copying	Duplicating		Electronic file
				Black & white	Color	
1	89/0103/06/19/ 26	Re-issue of the certificate	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	96/21210101/05 /12/8	Land expropriation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>※Records from the Shilin Land Office shall principally be provided in the form of photocopies. If there is necessity for the originals of No._____, please write down the reason:_____.</p>						
<p>Purpose of application: <input checked="" type="checkbox"/>Historical Research <input type="checkbox"/>Academic research <input type="checkbox"/>Search for evidence <input type="checkbox"/>Reference for business purposes <input type="checkbox"/>Safeguard the rights of a person, etc.</p> <p><input type="checkbox"/>Other (please explain in detail):_____</p>						
<p>Other notes:</p>						
<p>Submitted to the Shilin Land Office</p> <p>Applicant's signature: LU DU DU _※Representative's signature: LU DU DU Date: 106.06.12 __</p>						

Please read the instructions on the back.